

State of Connecticut Commission on Child Protection

http://www.ct.gov/ccpa/site/default.asp
Juvenile Matters Panel Report Form

Client Name (Mother's name if representing child) (C,P,G,B,D,R,L) Docket# Month/Year Name and Address of Individual Attorney (First, Last) Juris# Case Type (CP,DL,FN,YC,TP) Name of Person Representing (Last, First) Number of Hours Worked \$40.00/hour(To the Day of Month Daily Activities Include Court Appearances, Description of Non-Court Time, Locations nearest 1/10) TOTAL HOURS 0.0 TOTAL AMOUNT DUE \$0.00

Signature or Approved Symbol: